

	HARVARD PILGRIM HMO	NETWORK BLUE NE HMO	TUFTS EPO	FALLON SELECT CARE & DIRECT CARE
BENEFIT	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Lifetime Benefit Maximum	None	None	None	None
Deductible	None	None	None	None
Out-of-Pocket (OOP) Maximum	None	None	None	None
Family Covered	Spouse; dependents; and adult children up to age 26	Spouse; dependents; and adult children up to age 26	Spouse; dependents; and adult children up to age 26	Spouse; dependents; and adult children up to age 26
Selection of Primary Care Physician (PCP)	Member must select	Member must select	Member must select	Member must select
Specialist Referrals	PCP must refer	PCP must refer	PCP must refer	PCP must refer
Providers of Service	HARVARD PILGRIM providers except in emergencies	HMO BLUE providers in all 6 New England states except in emergencies	TUFTS HEALTH PLAN providers except in emergencies	**SELECT CARE - An expansive network that includes physician practices, community-based hospitals and medical facilities across the Commonwealth. The network encompasses more than 17,000 providers and 50 hospitals. *DIRECTCARE - A tailored network custom-built around several of the Commonwealth's premier provider groups and community-based hospitals.
Pre-existing Conditions	No restrictions	No restrictions	No restrictions	No restrictions
INPATIENT				
General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and ancillary services)	Nothing	Nothing	Nothing	Nothing
Physician Services	Nothing	Nothing	Nothing	Nothing
Skilled Nursing Facility	Nothing up to 100 days per year	Nothing up to 100 days per year	Nothing up to 100 days per year	Nothing up to 100 days per year
Newborn Well Baby Care (Inpatient)	Nothing	Nothing	Nothing	Nothing
OUTPATIENT				
Emergency Room Visits for Emergency or Accident Care	\$30 copay (waived if admitted) in Service Area	\$25 copay, waived if admitted	\$25 copay, waived if admitted	\$25 copay, waived if admitted
Emergency Care in Doctor's Office	n/a	n/a	n/a	n/a
Outpatient Surgery in a Day Surgery facility or Hospital	Nothing	Nothing	Nothing	Nothing
CT, MRI and Pet Scans	Nothing	Nothing	Nothing	Nothing
Hemodialysis	Nothing	Nothing	Nothing	Nothing
Physical Therapy	\$5 copay (short-term); up to 90 consecutive days per condition	\$5 copay; up to 60 visits per calendar year	\$5 copay, short-term, 30 visits per year	\$5 copay up to 60 visits per calendar year
Office Visits Primary Care Physician	\$5 copay per visit	\$5 copay per visit	\$5 copay per visit	\$5 copay per visit
Preventive OV - PCP	Nothing	Nothing	Nothing	Nothing

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Medical Care/Mental Health Care/Substance Abuse Care <i>(Mental Health copays excluded from OOP max)</i>	\$5 copay per visit	\$5 copay per visit	\$5 copay per visit	\$5 copay per visit
Office Visits Specialist	\$5 copay per visit	\$5 copay per visit	\$5 copay per visit	\$5 copay per visit
OB/GYN	\$5 copay per visit	\$5 copay per visit	\$5 copay per visit	\$5 copay per visit
GYN-Preventive Office visit	Nothing	Nothing	Nothing	Nothing
Diagnostic X-ray and Lab	Nothing	Nothing	Nothing	Nothing
Routine Vision Exam	\$5 copay per visit; one visit per calendar year; \$0 copay for children under 5 years of age	\$0 copay ,one visit every 12 months	\$5 copay per visit; one visit per calendar year Eyewear discounts available at participating providers	\$0 copay per visit, one visit every 12 months
Pre-Admission Testing -	Nothing	Nothing	Nothing	Nothing
Maternity Care visits	Nothing	Nothing	\$5 copay per visit with max of 10 visits for pre and post-natal care, then covered in full	Prenatal: \$5 copay first visit only; Post natal: \$5 copay per visit
Dental Services	Children under age 14 - Preventative dental when authorized by PCP; up to two exams per calendar year, including cleaning, fluoride treatment and x-rays. Initial emergency treatment (within 72 hours of injury) necessary to repair oral injuries. Extraction of impacted teeth.	Children under age 12: Preventive dental up to two exams per cal. yr., incl. Cleaning, fluoride treatment and x-rays. All members: Extraction of impacted teeth imbedded in the bone. Facility charges ONLY when a serious medical condition that requires admittance to a network hospital as inpatient in order for dental care to be safely performed.	Children under age 12: Preventative dental, periodic oral exam, cleaning, fluoride treatment once every six months. X-rays: Full mouth once every five years, bitewing x-rays once every six months, and periapicals as needed. MUST use participating dentist.	Family dental coverage: \$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25-50% discounts available for sealants, crowns and inlays, bridges, root canals, gingvectomies and dentures. MUST use participating dentist.
OTHER FEATURES				
Private Duty Nursing (only when medically necessary)	Nothing when medically necessary	Nothing when medically necessary	Nothing, when medically necessary	Nothing, when medically necessary
Home Health Care	Nothing	Nothing	Nothing	Nothing
Hospice Care	Nothing	Nothing	Nothing	Nothing
Durable Medical Equipment	20% of HPHC cost	Nothing up to \$1,500 per calendar year	80% Covered	Nothing 20% coinsurance for prosthetic limbs which replace, in whole or in part, an arm or leg.
Ambulance	Nothing when medically necessary	Nothing when medically necessary	Nothing, when medically necessary	Nothing, when medically necessary
Radiation Therapy	Nothing	Nothing	Nothing	Nothing
Chemotherapy	Nothing	Nothing	Nothing	Nothing
Chiropractor Visits <i>(copays excluded from OOP max)</i>	Not covered	Not covered	Not covered	\$5 copay per visit, up to 20 visits per calendar year, for treatment of acute musculoskeletal conditions
Prescription Drugs <i>(Inpatient drugs paid in full)</i>	Retail Pharmacy: Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$25 copay up to a 30 day supply	Retail Pharmacy: Tier 1: \$5.00 copay Tier 2: \$10.00 copay Tier 3: \$25.00 copay (up to a 30-day supply)	Retail Pharmacy: Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$25 copay up to a 30 day supply	Retail Pharmacy: Tier 1: \$5 copay Tier 2: \$15 copay Tier 3: \$35 copay up to a 30 day supply

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	Mail Order: (90 day supply) Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$75 copay up to a 90 day supply	Mail Order: (90 day supply) Tier 1: \$5.00 copay Tier 2: \$10.00 copay Tier 3: \$25.00 copay	Mail Order: Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$50 copay up to a 90 day supply	Mail Order: Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$70 copay up to a 90 day supply

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Fitness Benefit	Reimbursement	Reimbursement	Reimbursement	Reimbursement
	Fitness reimb up to \$150 per subscriber at a Health & Fitness club per calendar year. Must be an active member of HPHC for at least 4 months and an active member of the health facility for at least 4 months. Discounts at IFCN-affiliated clubs. Discount at Weight Watchers®	Up to \$150 reimbursement toward membership or exercise classes at a health club. See plan materials for details.	Fitness reimb up to \$150 per subscriber at a Health & Fitness club per calendar year. See plan materials for details. Discount at Weight Watchers®	It Fits! Program reimburses families up to \$400 per family contract (\$200 for individual contracts) to use toward health club memberships, Pilates, Yoga classes Weight Watchers® programs, and local, school sports programs and now fitness related equipment. The equipment must be new, purchased from a retail store and not Craig's List or EBay. Direct Care It Fits reimbursement \$250 / 500. Other discounts also available. See plan materials for details.

* **Fallon DirectCare** - Members now have access to Acton Medical Associates, Charles River Medical Associates and Southboro Medical Group, Fallon Clinic, Highland Healthcare Associates IPA, Lahey Clinic, Lawrence General IPA, Lowell General PHO, Mount Auburn

****FCHP SelectCare** - Members have access to FCHP Clinic providers, as well as hundreds of private practice physicians in Central, Northern, Eastern and Southeastern, Massachusetts.

The information provided here is an abbreviated description of health plan features. Details of coverage and exclusion are available from each health plan provider. Health plan representatives provided the information for this summary of benefits and th

These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.